SEC 1972 (6-02) Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## FORM D

OMB Number: 3235–0076 Expires: April 30, 2008 Estimated average burden hours per response . 16.00

OMB APPROVAL



NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY							
Prefix Serial							
DATE RECEIVED							
DATE RECEIVED							

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)
Series C Preferred Stock and the Common Stock issuable upon conversion of such Preferred Stock.
File Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE
Type of Filing: New Filing Amendment
A. BASIC IDENTIFICATION DATA AHG R 1 7007
Enter the information requested about the issuer
Name of Issuer ( check if this is an amendment and name has changed, and indicate change:)
moka5, Inc., formerly SkyBlue Technologies Inc.
Address of Executive Offices (Number and Street, City, State, Zip Code)  Telephone Number (Including Area Code)
3000 Bridge Parkway, Suite 203, Redwood City, CA 94065 (650) 596-5732
Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Telephone Number (Including Area Code)
(if different from Executive Offices)  Same as above.
Same as above.
Brief Description of Business
Computer Software and Hardware Development
Type of Business Organization
☐ corporation ☐ limited partnership, already formed ☐ other (please specify): THOMSON
business trust limited partnership, to be formed
Month Year
Actual or Estimated Date of Incorporation or Organization:  0 4 0 5 Actual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
CN for Canada; FN for other foreign jurisdiction)  D  E

## GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

<u></u>		A. BASIC IDENT	IFICATION DATA							
<ul> <li>2.' Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>										
Check Box(es) that Apply:	☑ Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner					
Full Name (Last name first, if individual)  Lam, Monica										
Business or Residence Address (Number and Street, City, State, Zip Code) c/o moka 5, Inc., 3000 Bridge Parkway, Suite 203, Redwood City, CA 94065										
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner					
Full Name (Last name first, i	· · · · · · · · · · · · · · · · · · ·									
Business or Residence Addre c/o moka 5, Inc., 3		reet, City, State, Zip Code) vay, Suite 203, Redwood (								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, i Sapuntzakis, Con	•									
Business or Residence Addre c/o moka 5, Inc., 3		reet, City, State, Zip Code) vay, Suite 203, Redwood (								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, i Zeldovich, Nickol	·									
Business or Residence Address c/o moka 5, Inc., 3	•	reet, City, State, Zip Code vay, Suite 203, Redwood								
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, i Khosla, Vinod	f individual)									
Business or Residence Addre c/o McCabe & To		reet, City, State, Zip Code) le Alameda, Suite 300, Sa			-					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner					
Full Name (Last name first, i	f individual)									
Business or Residence Addre c/o moka 5, Inc., 3		reet, City, State, Zip Code) vay, Suite 203, Redwood								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, i	I, L.P.			•						
Business or Residence Address		reet, City, State, Zip Code) e Alameda, Suite 300, Sar								

c/o McCabe & Totah, LLP, 1760 the Alameda, Suite 300, San Jose, CA 95126

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

·		A DACIC IDENTI	FICATION DATA									
<ul> <li>A. BASIC IDENTIFICATION DATA</li> <li>Enter the information requested for the following: <ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul> </li> </ul>												
Check Box(es) that Apply:	Managing Partner											
Full Name (Last name first, if individual) Chandra, Ramesh												
Business or Residence Address (Number and Street, City, State, Zip Code) c/o moka 5, Inc., 3000 Bridge Parkway, Suite 203, Redwood City, CA 94065												
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if indi Highland Capital Parti	,			····								
Business or Residence Address (N	lumber and Stree	et, City, State, Zip Code)										
2440 Sand Hill Road, S	Suite 101, Menlo	Park, CA 94025										
	Promoter	Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner							
Full Name (Last name first, if indi Mulloy, Corey	vidual)											
Business or Residence Address (N c/o Highland Capital P			, Menlo Park, CA 94025									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if indi Dalton, Sean	vidual)											
Business or Residence Address (N c/o Highland Capital P			, Menlo Park, CA 94025									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if indi	vidual)											
Business or Residence Address (N	fumber and Stree	et, City, State, Zip Code)										
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if individual)												
Business or Residence Address (Number and Street, City, State, Zip Code)												
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if indi	vidual)											
Business or Residence Address (N	lumber and Stree	et, City, State, Zip Code)	· · · · · ·	<del></del>								
	(Use blank she	eet, or copy and use addit	ional copies of this sheet, a	s necessary.)	***************************************							

•	•			]	B. INFOR	MATION	ABOUT O	FFERING					
												Yes	No
1.	Has the issue	sold, or do	es the issu										$\boxtimes$
_					-			ling under U			<b>6</b> N	1	1-1-
2.	2. What is the minimum investment that will be accepted from any individual?												
	3. Does the offering permit joint ownership of a single unit?								Yes	No □			
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If												
	a person to b states, list the broker or dea	e listed is a name of the	n associate he broker	ed person or dealer.	or agent of If more th	a broker o nan five (5)	r dealer reg persons to	istered with be listed a	the SEC an	d/or with a	state or		
Full	Name (Last na None	ame first, if	individual	)									
Busi	ness or Reside	nce Addres	s (Numbe	r and Stree	t, City, Sta	te, Zip Cod	le)						
	_												
Nam	e of Associate	d Broker o	r Dealer		•								
State	s in Which Po	rson Listed	Has Solic	ited or Int	ends to Sol	icit Purchas	sers		i <del>.</del>				
(C	heck "All Sta	tes" or chec	k individu	al States)				***************************************				☐ Al	States
[A]	L] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ I D	]
[11]	.] [IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MC	)]
[M	T) [NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[ P A	.]
[ R	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[ P R	]
Full	Name (Last n	ame first, if	individual	)					· · · · ·				
Ruci	None ness or Reside	ence Addres	e (Numbe	r and Stree	ot City Sta	te Zin Cod	e)						
Dusi	icas or reside	aice Addres	ss (ITUIIIOC	and Shee	a, City, Sta	, 2.1p Cou							
Nam	e of Associate	d Broker o	r Dealer						:				
State	s in Which Pe	erson Listed	Has Solic	ited or Int	ends to Sol	icit Purchas	sers						<del></del>
(C	heck "All Sta	tes" or chec	k individu	al States).								☐ Al	States
[A]	L] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID	]
[11]		[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MC	)]
[M		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[ P A	.]
[ R	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[ P R	]
Full	Name (Last n	ame first, if	individual	)									
	None		01.1	1.5.	. C'. C.	. 7:. C- 1							
Busi	ness or Reside	ence Addres	ss (Numbe	r and Stree	et, City, Sta	ite, Zip Coo	ie)						
Nam	e of Associate	d Broker of	r Dealer										
State	s in Which Po	erson Listed	Has Solic	ited or Int	ends to Sol	icit Purchas	sers			<del></del>	<del></del>		
	heck "All Sta											☐ Al	l States
[A]	L] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID	]
[11		[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MC	
[ M		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[ P A	
ſR	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR	.1

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	exchange and already exchanged.  Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ 0	\$ 0
		\$15,750,002.37	\$15,237,490.31
	Equity – Series C Preferred Stock and the underlying common Stock issuable upon conversion thereof	\$13,730,002.37	\$13,237,430.31
	Common Preferred		
	Convertible Securities (including warrants)	\$See Above.	\$See Above.
	Partnership Interests	\$	<u> </u>
	Other (Specify)	\$ 0	_ \$
	Total	\$15,750,002.37	\$15,237,490.31
	Answer also in Appendix, Column 3, if filing under ULOE.		
	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	8	\$15,237,490.31
	Non-accredited Investors	N/A	\$N/A
	Total (for filings under Rule 504 only)	N/A	\$N/A
	Answer also in Appendix, Column 4, if filing under ULOE.	<del></del> -	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	\$ <u>N/A</u>
	Regulation A	N/A	\$ <u>N/A</u>
	Rule 504	N/A	\$N/A
	Total	N/A	\$N/A
	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		] \$
	Printing and Engraving Costs		 ]
	Legal Fees	_	\$To be determined
	Accounting Fees		\$
	Engineering Fees	_	 ] \$
			¬
	Sales Commissions (specify finder's fees separately)	L	.] \$
	Sales Commissions (specify finder's fees separately)  Other Expenses (identify)		] \$ 

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRICE, I	NUMBER OF INVESTORS, EXPENSES A	ND U	SE C	F PROCEEDS	;	
	Question 1 and total expenses furnished in re	ate offering price given in response to Part C - sponse to Part C - Question 4.a. This differen	ce is t	he	••••	\$	15,237,490.31
5.	used for each of the purposes shown. If the estimate and check the box to the left of the	gross proceeds to the issuer used or propose the amount for any purpose is not known, fun- estimate. The total of the payments listed must forth in response to Part C - Question 4.b. above	nish a It cqu	n n			
					Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees			<b>S</b>			\$
	Purchase of real estate						
	Purchase, rental or leasing and installati	on of machinery and equipment		<b>s_</b> _			S
	Construction or leasing of plant buildings and facilities						s
	Acquisition of other business (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)						\$
	Repayment of indebtedness						·
	Working capital						\$15,237,490.31
				s			s
				\$		X	\$15,237,490.31
	Total Payments Listed (column totals ad	lded)				$\boxtimes$	\$15,237,490.31
		D. FEDERAL SIGNATURE					
foll	e issuer has duly caused this notice to be sig lowing signature constitutes an undertaking by staff, the information furnished by the issuer to	ned by the undersigned duly authorized pers the issuer to furnish to the U.S. Securities and	Excl	ange	Commission, u	l und pon	ler Rule 505, the written request of
Iss	uer (Print or Type)	Signature Colv.		Dat	e		
mo	ka5, Inc.	1 Cellul Sals		Aug	gust <u><b>3</b> 2</u> , 200	7	
Nai	me or Signer (Print or Type)	Title of Signer (Print or Type)			''		
Wi	lliam M. Demas	President & Chief Executive Officer					

7.

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

END